



NORFOLK EDUCATION COMMITTEE

---

ANNUAL REPORT  
OF THE  
School Medical Officer  
FOR  
1933





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## PREFACE.

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This Report deals with the work of medical inspection and treatment in connection with the public Elementary and Secondary Schools in the administrative County of Norfolk during the year 1933. It is the twenty-seventh of the series, and the sixth I have presented.

All the Elementary Schools in the area have received a routine medical inspection, while further visits have been paid, wherever possible, for the purpose of re-examining children found defective at previous inspections. Of the 14,423 children examined as routines, 2,172 were found to have defects or diseases, other than dental caries or uncleanness, calling for treatment. From reports received it is known that at least 55·84 per cent. of these cases received attention by the end of the year. Attention is drawn to the further drop in the percentage of children found to require treatment, *e.g.*, 14·83 per cent. as against 18·77 per cent. in 1932, and 22·56 per cent. in 1931. The position is most satisfactory; there is a fall in respect of each age group, and the fact that the largest drop is in connection with the entrants, may reasonably be accepted as proof that the work undertaken by the Maternity and Child Welfare Committee of the County Council is having a beneficial effect upon the health and well-being of the children prior to admission to the Elementary Schools. The Dental Surgeons inspected 31,093 children, 19,849, or 63·89 per cent., being found to require treatment. 9,986, or 50·30 per cent., of these children actually received treatment under the Scheme.

Routine medical inspection was carried out in respect of 1,938 Secondary School pupils and pupil teachers, 228, or 11·76 per cent., of whom required treatment for diseases or defects other than dental caries, as against 13·42 per cent. in 1932. The decrease, however, is not as great as in the case of the Elementary School child. 45·17 per cent. of the defects are known to have been dealt with. The Dental Surgeons inspected 1,368 pupils; 915 (66·88 per cent.) requiring treatment and 65·45 per cent. of the latter number being treated. There is an increase in the number of pupils found to be in need of treatment, and also in the percentage of acceptances.

During the year under review, the approval of the Board was obtained to treatment of alopecia by means of Artificial Light, although no case has yet been dealt with. Negotiations were commenced and are still in progress in connection with the assistance of District Nurses for the regular treatment of cases of otorrhoea, under the supervision of the School Medical Officer, and it is to be hoped that a satisfactory agreement will shortly be reached.

Absence of one of the Assistant Medical Officers, owing to illness, towards the end of the year necessitated the appointment of a locum tenens for a period of about two weeks, such step enabling the Board's Schedule of inspection to be completed.

The work of the service has again been considerably aided by the assistance rendered by the District Medical Officers of Health, General Practitioners, and Teachers, to whom, together with the professional and clerical staffs, I desire to record my appreciation.

T. RUDDOCK-WEST,  
*School Medical Officer.*

Public Health Department,  
29, Thorpe Road, Norwich.  
March, 1934.

# STAFF OF THE SCHOOL MEDICAL SERVICE DURING 1933.

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## School Medical Officer :

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

## Senior Assistant School Medical Officer :

KENWAY T. WILLIAMS, M.D., M.R.C.S., L.R.C.P.

## Assistant Medical Officers :

O. C. DOBSON, M.D., B.S., B.Hy., D.P.H.

IRENE B. M. GREEN, M.B., B.S.

CHRISTINA S. LAMONT, M.B., Ch.B., D.P.H.

H. W. SEXTON, M.R.C.S., L.R.C.P.

## Orthopædic Surgeon (Part-time) :

H. A. BRITAIN, M.A., M.Ch., F.R.C.S.

## Consulting Aural Surgeons (Part-time) :

N. S. CARRUTHERS, F.R.C.S.E., D.L.O.

J. LEWIN, M.B., F.R.C.S.

## Consulting Ophthalmic Surgeons (Part-time) :

A. GREENE, M.D., F.R.C.S.I

S. T. PARKER, M.B., F.R.C.S.

G. MAXTED, M.D., F.R.C.S.

W. F. RUTLEDGE, L.R.C.P., L.R.C.S.

W. WYLLYS, M.R.C.S., L.R.C.P.

## Dental Surgeons :

A. J. CAIRNS, L.D.S.

SADIE S. HOW, L.D.S.

M. S. LEWIN, L.D.S. (Commenced 13.3.33)

P. MILLICAN, L.D.S.

J. NIXON, L.D.S.

A. A. SUMPTER, L.D.S.

A. L. WHITAKER, L.D.S. (Resigned 17.3.33)

## Orthopædic Nurse :

Miss J. E. KEMP, C.S.M.M.G.

## School Nurses :

Miss F. B. BYGRAVE

Miss A. E. HOLDEN

Miss F. B. JUGGINS

Miss F. M. MANN

Miss D. PERCIVAL

Miss C. SHINGLETON

Miss D. VICKERS

Miss L. WALKER

Miss A. WELLSTED



# ANNUAL REPORT

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## *School Medical Officer*

### 1933.

#### **CO-ORDINATION.**

Fullest co-ordination is obtained between the various health services in the County. The School Medical Officer is County Medical Officer of Health, and, as such, is Administrative Tuberculosis Officer, Medical Officer to the Blind Persons Acts, the Maternity and Child Welfare and the Public Assistance Committees. The professional members of the service are on the staff of the County Medical Officer, and their appointment and duties are dealt with by a Joint Committee comprised of members of the various Committees concerned.

The Senior Assistant Medical Officer acts as Deputy County Medical Officer, and, together with the School Medical Officer, is a Certifying Officer under the Education Act, while the four Assistant Medical Officers devote their services mainly to school medical inspection and treatment, one also having charge of four Infant Welfare Centres. The services of the County Council's Tuberculosis Officers are utilised fully in connection with any child suffering, or suspected to be suffering, from any tuberculous condition.

The Dental Surgeons, one of whom devotes one-third of his services to the work of an adjoining Authority, are employed wholly in school dental work.

The School Nurses combine with their School Medical work the duties of Infant Life Protection Visitors and Attendance Officers. There are certain obvious disadvantages in connection with the Nurses undertaking the latter duties, but these are by far out-numbered by the advantages. In practice the Scheme works smoothly, and certainly ensures that when a child is absent on medical grounds, the case is immediately brought to notice should there be any necessity for early treatment or medical advice. The services of the Orthopædic Nurse are shared with the other Committees of the County Council dealing with Orthopædic defects.

The staff of the Public Health Department is responsible for the clerical side of the service.

#### **ELEMENTARY SCHOOLS.**

##### **NUMBERS AND ATTENDANCES.**

At the end of the year there were in the Education area of the County, 472 public Elementary Schools, having 522 departments; 220 were Provided and 252 Non-Provided Schools.

The names of 44,657 children were on the school registers on the 31st December, 1933, 2,100 of whom were under the "legal" age of five years. The average attendance for the year ended 31st March, 1933, was 40,437.



## SCHOOL HYGIENE.

It will be realised that in a County where the population is sparse and the area large, many of the schools must be small in size. The Education Committee has, however, during the past few years arranged for the closure of several such schools, and continues to give consideration to the question. In most villages, the schools are open to the fields, and in healthy surroundings. Improvements to ventilation and heating are receiving attention, and in the latter connection it is to be hoped that the old tortoise stoves will have shortly disappeared completely, as also the old type of backless desks. It is only in a comparatively few schools that any regular water supply is laid on, the remaining schools being dependent either upon wells, mainly shallow and often situated on neighbouring property, or upon collected rain water. Even in connection with the larger schools where drinking water is laid on, the utensils consist of cups or mugs, chiefly metal. No school in the County has any modern arrangement for drinking, such as the crystal spring. The sanitary conveniences are, for the most part, of the pail, vault or privy type.

There are no school baths, and the majority of the rural schools have merely hand basins for washing. There is no doubt that in the interests of the school child main water supply and electricity should be installed wherever this is reasonably practicable.

The question of cleaning of floors is under consideration, and tests are at present being carried out in an endeavour to ascertain the most hygienic method of dealing with the matter. Again, with the exception of the larger schools, the only accommodation for the drying of clothes is in the class-rooms.

The Committee has for a number of years provided material for the making of felt slippers for use in school, and such a step is of great value during wet weather.

The undermentioned defects were referred to the Committee for attention, following the visits of the Assistant Medical Officers to the schools during the year :—

Defect.	NUMBER REPORTED.			
	Primary. Provided Schools.	Non-Provided Schools.	Re-referred. Provided Schools.	Non-Provided Schools.
Desks—unsuitable or bad type	1	2	1	1
„ inadequate supply ...	1	2	1	—
Lighting—inadequate ...	1	2	1	—
Heating—inadequate... ...	2	1	—	1
Ventilation—inadequate ...	3	—	1	—
Closets and Urinals—				
Unsatisfactory cleansing ...	2	—	—	—
Constructional defects ...	1	—	—	—
Defective floors ... ...	—	1	—	1
Playgrounds—				
Unsatisfactory surface, etc. ...	1	1	—	—
School Buildings—				
Structural defects ... ...	1	2	—	—
Miscellaneous ... ...	—	1	—	1
	13	12	4	4
	25		8	

The following particulars as to alterations, improvements, etc., carried out by the Committee during the year ending 31st March, 1934, have been supplied by the Committee's Architect through the Secretary for Education:—

				Provided Schools.	Non-Provided Schools.
Improvements—					
Floors	...	...	...	4	1
Ventilation and Lighting	...	...	...	7	—
Heating	...	...	...	8	—
Structural	...	...	...	6	—
Sanitation	...	...	...	19	—
Playgrounds—					
Tar-dressing	...	...	...	17	—
Gravelling	...	...	...	15	—
Renovations	...	...	...	88	25

### MEDICAL INSPECTION.

The Board's Schedule as to routine inspection has been followed, and the groups of children inspected were as outlined in the Report for 1931. Full particulars of the number of children examined in the various groups will be found in Table I., page 45. Routine visits were paid to each Elementary School, while 243 departments were re-visited for the purpose of re-examining defective children, and 14 received a third visit. There was an increase in the number of re-examination visits, but the figure was somewhat adversely affected by the absence of one member of the medical staff, on sick leave. In addition to the advisability of re-examination of defective children, such visits enable children to be presented for special examination either at the request of parent or teacher.

Medical schedules relating to the scholars are kept at the schools, and are prepared in readiness by the Head Teachers prior to the inspections. Weighing, measuring, and testing of vision are carried out by the Assistant Medical Officer. This work could be performed by a Nurse, thus enabling the Medical Officer to devote himself to the clinical part of the inspection, with consequent increase in the number of children examined per session. Desirable as this may be, it is quite impossible to arrange accordingly with the Nursing staff at present available.

Parents are invited to attend at the time of examination of their children, and the number so doing remains practically as in past years. 58·45 per cent. accepted the invitation, the percentage in respect of the various groups being as follows:—

Groups.	Percentage.
Entrants	78·39
Intermediates	61·30
Leavers	38·23
Other Age Groups	49·67

Parents of 36 children, comprising 27 families, objected to the examination offered. This figure compares with 22 children in 1932, and 63 in 1931.



## FINDINGS OF MEDICAL INSPECTION

(See Table II., page 46.)

### (a) Malnutrition.

376 children, or 2·61 per cent. of the number of children examined, were found to be in need of treatment on account of their nutrition, while a further 273, or 1·9 per cent., were noted for observation. The cases needing treatment were classified as follows:—

Nutrition subnormal	...	...	327
Nutrition poor	...	...	39
Definite malnutrition	...	...	10

It is satisfactory to note that the percentage of children in need of treatment is considerably lower than it has been for some years, *i.e.*, 2·61 per cent., as compared with 3·90 in 1932, and 3·62 in 1931. The following observations of three of the Assistant Medical Officers on this defect may be of interest:—

“Very few instances of real malnutrition have been observed. It is my experience that the majority of “under average” children are so from having been fed from infancy on an irrational diet, sufficient food having been available, but the correct balance of the various constituents not having been maintained. In this connection, it is of interest to note that the benefits of children attending Child Welfare Centres are becoming apparent, and that toddlers previously seen at these Clinics are now coming up for medical inspection at school. Any defect, either in diet or physical constitution, found in the toddler stage can thus be corrected at the most suitable age.”

“Speaking generally, I am confident the physical condition of the children in all age groups has improved during recent years. The improvement in nutrition is due to several factors:—

- (i.) Attention to personal hygiene, particularly oral sepsis. This is a subject I discuss at some length with parents, pointing out that digestion commences in the mouth.
- (ii.) The substitution of a well-balanced diet where hitherto a faulty diet has been given by parents, without any knowledge of the body requirements of the growing child.
- (iii.) Assimilation of extra nourishment in the form of milk, malted milk, cocoa, etc., given in schools. It is the exception rather than the rule to find a school in my district which does not make provision for extra nourishment in the form of milk, etc. Those children who most require it generally take advantage of the facilities offered.

I do think this last factor has contributed largely to the improved nutrition.”

“I do not find there are many cases of malnutrition in this area, and, so far, I have not yet satisfied myself that there are any cases due to inability to get a reasonable amount of food. The cases there are, are due to malassimilation, and sometimes a badly balanced diet, the chief error being an excess of bread—too often white—potatoes, and jam. There is also too little value attached to milk as an article of diet, though it is obvious that, on the whole, the dietary, especially of the younger children, is much improved.”

(b) **Uncleanliness.**

189 children with unclean heads were met with at the routine inspections, and 119 with uncleanliness of the body. The percentages in respect of these conditions are thus 1·31 and 0·82 respectively.

(c) **Minor Ailments, and Disease of Skin.**

These figures are small. 4 children were noted for treatment for Ringworm of the scalp, and 1 for Ringworm of the body. Impetigo and other diseases of the skin (excluding tuberculous conditions) were lower than in the previous year. Where Minor Ailments Clinics are accessible, these cases are referred there for treatment, failing this, where no medical attention is obtained by the parents, the cases are followed up by the School Nurses. Dr. I. B. M. Green reports that in her district the serious and prolonged outbreaks of septic sores and Impetigo, which a few years ago were fairly common, are now much more rare and short-lived, following the application of a B.I.P.P. dressing. In one instance, in 24 cases of Impetigo treated by this means, all but 5 were found to require no treatment after a period of seven days. The remaining 5 cleared up immediately following a second application.

(d) **Visual Defects and External Eye Disease.**

345 children were suffering from defective vision and in need of treatment, a further 757 being noted for observation, whilst 102 children suffering from squint were recommended treatment, and 129 placed under observation. Of the external eye diseases, Blepharitis is by far the most common, and 162 defects were marked for treatment.

(e) **Nose and Throat Defects.**

In this connection the Board has altered the classification in Table II. in respect of tonsil and adenoid defects from "Enlarged tonsils" and "Enlarged tonsils and adenoids" to "Chronic tonsillitis" and "Chronic tonsillitis and adenoids," but gave no indication as to their intention of so doing until after the year under review had passed. Whilst the figures given in Table II. were noted in respect of the former classification, they have been included under the latter classification following correspondence with the Board, as in no case has mere hypertrophy of the tonsils been included as calling for operative treatment. The following figures in respect of these defects during the past five years are illuminating:—

Year.	No. Routine Inspections.		Tonsils.	Noted for Treatment.			Tonsils and Adenoids.	
				Adenoids.				
1929	...	15,351	...	449	...	88	...	477
1930	...	13,026	...	476	...	69	...	775
1931	...	13,851	...	371	...	47	...	911
1932	...	14,840	...	220	...	43	...	564
1933	...	14,423	...	191	...	38	...	381

As was mentioned in last year's report, special attention has been paid to ensure that surgical treatment was not recommended in cases in which treatment for some other underlying defect was indicated. Whether the fall in the number of cases can be directly attributed to this action is very doubtful. Dr. H. W. Sexton reports that, while the decrease may partly be due to the standard adopted, a factor to be borne in mind is the increasing number of operations performed during pre-school age, and also the effect of stressing the importance of nasal breathing.



Dr. I. B. M. Green draws attention to the fact that although her standard of tonsils enlargement had not been altered she definitely found less cases. This she attributes to the tremendous improvement in the general health and nutrition of the entrants to-day compared with those of a few years ago. She is certain that the provision of better houses, with consequent improvement in ventilation and air space per child, does definitely affect the chronic enlargement of lymphoid tissue in the nose and throat.

(f) **Ear Diseases and Defective Hearing.**

Routine Inspection shew 29 cases of *Otitis Media* in which treatment was indicated, with 38 for observation, the figures for *Other Ear Diseases* being 17 and 15 respectively. 9 children were noted for treatment for *Defective Hearing*, and 83 for observation on account of this defect.

(g) **Dental Defects.**

Only those cases calling for urgent attention are noted for treatment as a result of medical inspection, in view of the fact that Dental Surgeons inspect all children in attendance.

(h) **Orthopædic and Postural Defects.**

5 children were recorded for treatment for *Rickets*, 19 for *Spinal curvature* and 79 for *other deformities*. All cases calling for orthopædic treatment are dealt with under the Committee's Scheme, subject to the consent of the family doctor.

(i) **Heart Disease.**

10 routines showed *organic* and 8 *functional* heart disease.

(j) **Tuberculosis.**

2 cases of definite and 5 of suspected *Pulmonary tubercle* were referred for treatment, together with 25 cases of *tuberculous glands*. These children were all referred to the Tuberculosis Officers, subsequent to consultation with the family practitioners.

(k) **Other Defects and Diseases.**

242 children were noted for treatment following routine inspection, and 340 for observation, a further 677 being recommended treatment as a result of special inspection.

The following Table gives the number of the principal defects found in each age-group, together with percentages. The figures in brackets under each group-heading are in respect of the number of children inspected in the group:—

Defect.	Entrants (4656)		Intermediates (4313)		Leavers (4996)		Other ages (459)	
	No. defects.	%	No. defects.	%	No. defects.	%	No. defects.	%
Malnutrition ...	92	1·97	167	3·87	86	1·72	31	6·77
Skin Diseases ...	28	0·60	32	0·74	28	0·56	2	0·43
Defective Vision...	13	0·27	163	3·77	152	3·04	17	3·70
Squint ...	57	1·22	23	0·53	18	0·36	4	0·87
Defective Hearing	3	0·06	4	0·09	2	0·04	—	—
Otitis Media ...	9	0·19	9	0·21	10	0·20	1	0·21
Chronic Tonsillitis	90	1·90	46	1·06	46	0·92	9	1·96
Adenoids only ...	16	0·34	13	0·30	9	0·18	—	—
Chronic Tonsillitis and Adenoids...	214	4·59	109	2·52	43	0·86	15	3·27
Nose and Throat—								
Other conditions	17	0·36	13	0·30	11	0·22	1	0·21
Spinal Curvature	3	0·06	8	0·18	8	0·16	—	—

## FOLLOWING UP.

Arrangements in this connection remain unaltered. The initial steps are taken by the School Care Committees, full particulars as to treatment necessary being entered in the School Medical Log Book at the time of medical inspection. Reports from the Care Committees are obtained three months after the routine inspection has been held. Outstanding cases, where necessary, are referred to the School Nurses, who visit the homes, and interview the parents. In the majority of cases it is possible, by means of personal contact with the parent, to demonstrate the defect, and need for treatment.

The visits of the Assistant Medical Officers, for the purpose of re-examining defective children, are also of great assistance, especially where there is no active Care Committee in existence.

### WORK OF THE NURSES.

#### (a) Minor Ailments.

(i.) Weekly sessions (conducted by the Nurse) and monthly sessions (under the supervision of the Assistant Medical Officer) have been held during the past year at each of the six equipped clinics in the County. The table given on page 14 shows the defects treated at these clinics.

(ii.) At the many schools not served by clinics, treatment is carried out by the Nurses for children suffering from similar defects. Home visits are also paid, where necessary, to ensure thorough following up until a cure is effected.

The following Table shows defects dealt with in this way :—

Disease.		No. of Cases followed up.	RESULT.	
			Cured.	Still under Treatment.
Impetigo	... ..	399	339	60
Scabies	... ..	9	8	1
Ringworm—Scalp	... ..	61	29	32
do. Body	... ..	31	25	6
Other Skin Diseases	... ..	88	61	27
Ear Diseases	... ..	127	52	75
Eye Diseases	... ..	434	233	201
Minor Injuries	... ..	252	229	23
Miscellaneous	... ..	274	207	67

#### (b) Surveys of Children for Uncleanliness.

Number of visits to Schools	... ..	3,503*
Average number of visits to each School visited	... ..	6.7
Total number of children examined	... ..	178,681
Number of individual children found unclean ( <i>i.e.</i> , vermin or nits)	... ..	3,339
Number of children excluded at the Nurses' visits	... ..	227
Number of Special Warning Letters <i>re</i> Nits sent to parents	... ..	13
Number of letters sent on first exclusion	... ..	81
Number of "Final Warning" Letters sent to parents	... ..	41
Number of Homes visited	... ..	780

Result of "following up" :—

Clean	... ..	1,372
Improved	... ..	1,826
Unsatisfactory	... ..	141

\*Includes 1,855 complete surveys of all children in School.



The improvement shewn in recent years is still maintained. Actually, during the period under review, nearly 4,000 less individual examinations were conducted. This is partly attributable to the fact that 42 fresh schools were added to those with "all clean children." These schools (now totaling 190) are, of course, not visited so frequently so far as cleanliness surveys are concerned, but on 420 occasions the children were found to be "all clean." The number of children found unclean therefore shews a further commensurate decline.

As the standard of cleanliness for the school population as a whole has risen considerably, so the standard with regard to "unsatisfactory" children has been affected. Of the 141 such cases shewn in this Report nearly 50 per cent. are children (other than those with "few nits only") who have shewn no definite advance during the time they have been under supervision, whilst not being cases periodically requiring exclusion on account of actual verminous condition.

It is not too fantastic to suggest that, as progress continues, the time will eventually come when a child with "a few nits only" will be termed "unsatisfactory" owing to the very high standard of cleanliness then prevailing. This, at least, is the goal at which to aim.

On the other hand there is at present a small population with whom the greatest care and vigilance must be exercised. The "causes" may be various; a poor type of parent, indifferent housing or home conditions, sheer carelessness, or sometimes it appears to be absolute inability to bring up the children properly and cleanly. The effect, however, is always the same, *i.e.*, the child suffers.

Apart from safeguarding the other children it is, humanely speaking, the Authority's duty to leave no stone unturned in an endeavour to give the victim a chance in life equal to its more fortunate neighbours.

#### VERMINOUS PROSECUTIONS.

Under the Attendance Byelaws, proceedings were taken in 5 instances for absences from school, caused by uncleanliness. The prosecution in each case was successful, fines of 5/- being inflicted.

#### (c) Miscellaneous Work.

The School Nurses' services have been, during the last 12 months, increasingly utilised with regard to rapid following up of infectious or contagious disease, or definite ascertainment in suspected cases.

In addition to carrying out their "routine" duties as School Nurses and School Attendance Officers, the nursing staff has, therefore, acted as a mobile "flying squad," constantly in touch with headquarters, and ready to investigate where and whenever necessary. This aspect of their utility is important in a large county, where Central Schools, drawing scholars from a number of outlying parishes, are increasing. As an example, in one instance quite a serious outbreak of diphtheria in a fairly large centre in the county was ably controlled thus, and with the cordial co-operation of the district medical officers of health and private practitioners. The practice so described will continue, as every minor outbreak of infectious disease, unless closely watched, has undesirable and serious potentialities.

Assistance at Medical Inspection, where essential, is also rendered, and cases requiring following up after Medical Inspection owing to laxity or other failure on the part of the parents to procure treatment are referred for attention.

### MEDICAL TREATMENT.

#### (a) Under Education Committee's Scheme.

##### (i.) Minor Ailments treated at School Clinics (see page 12).

RESULT OF TREATMENT.						
DISEASES.	No. Individual children treated.	No. cured.	No. still to attend.	No. left or refused treatment.	Total attend- ances at clinic	
Impetigo ... ..	213	179	32	2	877	
Scabies ... ..	4	4	—	—	22	
Ringworm—Scalp ... ..	2	1	1	—	75	
Ringworm—Body ... ..	4	4	—	—	12	
Other Skin Diseases ... ..	220	174	39	7	1899	
Minor Injuries ... ..	550	506	39	5	1782	
Discharging Ears ... ..	33	11	19	3	566	
Other Ear Diseases ... ..	9	8	—	1	43	
Blepharitis ... ..	51	33	17	1	593	
Conjunctivitis ... ..	9	9	—	—	34	
Other Eye Diseases ... ..	17	12	5	—	49	
Enlarged Glands ... ..	45	16	27	2	722	
Verminous ... ..	20	—	20	—	159	
Miscellaneous ... ..	136	98	36	2	775	
	1313	1055	235	23*	7608	

\*Includes 2 cases of refusal.

##### (ii.) Defective Vision—Refraction Work.

(a) Vouchers issued on:—			
Ophthalmic Specialists	...	202	
Approved General Practitioners		23	
		—	225
(b) By whole-time Assistant Medical Officers			
	...	...	611
			836

Of the 225 vouchers issued on Specialists and approved General Practitioners, 26 were not utilised by the end of the year. The remaining 199 cases examined resulted as follows:—

Glasses prescribed and obtained	...	151
Glasses not necessary	...	48

214 Refraction Clinics were held by the Assistant Medical Officers at 115 Centres. Of the 611 children examined by retinoscopy, 513 were found to require glasses, 18 were referred to the Ophthalmic Specialists, leaving 80 cases in which provision of glasses was not indicated. Glasses were obtained by the end of the year in 494 instances, leaving 17 cases outstanding. The parents of two children refused glasses, and the defect was such that pressure was considered impossible at that time.



### (iii.) Operations for Tonsils and Adenoids:

Vouchers issued on:—

General Practitioners	...	123
Hospitals	... ..	228
		<hr/>
		351
		<hr/>

of this number 76 were outstanding at the end of the year.

429 cases are known to have received operative treatment during 1933 for the removal of tonsils and/or adenoids, 302 being performed through the Authority's Scheme.

In connection with 90 children in respect of whom vouchers were issued on General Practitioners, and treatment given during the year, the actual operation in 44 instances was performed by private arrangement at a Cottage Hospital, in 5 cases at a Nursing Home, in 30 cases at the practitioner's surgery, and in the remaining 11 cases at the child's home. Notification is sent by the practitioner as to the proposed date and time of operation, and the School Medical Officer is therefore in a position to be present if circumstances permit. Those cases in which it has been possible to attend, have shown that the operations have been satisfactorily performed, and quite suitable arrangements made for after-care. It is the usual practice in the cases which are operated upon at Doctors' Surgeries for another Doctor to be present to administer the anæsthetic, and at least one Nurse to assist. In one such case, a Surgeon from the local Hospital performs the operation, the anæsthetic is given by the family Doctor, and two Nurses are in attendance.

The Committee has direct arrangements with the Norfolk & Norwich and Jenny Lind Hospitals, Norwich, the West Norfolk & Lynn Hospital, King's Lynn, the North Cambs. Hospital, Wisbech, the Gt. Yarmouth General Hospital and the North Walsham Cottage Hospital. In the case of the Norwich and King's Lynn Hospitals the arrangement continues in accordance with which the Honorary Surgeons on the Staff of the Hospitals see all cases as out-patients before arranging admission.

### (iv.) Tuberculosis.

The number of children receiving institutional treatment at the end of the year is shown in Table III., page 50. Such treatment is arranged through the County Council's Tuberculosis Scheme. The services of the Orthopædic Surgeon are fully utilised in connection with cases of tubercle of the bones and joints. This subject is dealt with more fully in the Report of the County Medical Officer of Health.

### (v.) Ear, Nose and Throat Defects.

4 cases were referred to the Consulting Aural Surgeon at Norwich for examination, and recommendation as to treatment where indicated. 2 children were suffering from old-standing otorrhoea, one with defective hearing and the remaining child from hoarseness of voice. The Surgeon has given his opinion that in the cases of otorrhoea all discharge should clear up within a comparatively short period if arrangements could be made for regular daily treatment to be given. Such steps cannot be taken by the School Nurses, but as has been stated in the Preface, it is anticipated that in the near future the Board's consent will be forthcoming to an agreement whereby the services of the District Nurses can be utilised in such measures.

### (vi.) Ringworm of the Scalp.

1 case has been dealt with during the year at the Norwich City Clinic by exposure to X-rays, the result of treatment being successful. There were 40 children still under treatment for this condition, either at the Schools or Minor Ailment Clinics, at the end of the year, and these cases were in attendance at School, wearing a linen cap or bonnet. There is still no great keenness shown by parents for treatment by application of X-ray, and such steps are not pressed unduly.

### (b) Not under Education Committee's Scheme.

From information obtained from the Local Care Committees, the reports of Assistant Medical Officers and, in some instances, the School Nurses, it is possible to give the following table of defects found as a result of Medical Inspection and known to have received treatment during the year:—

DEFECT.	NUMBER OF CHILDREN TREATED.			
	Referred previous to 1933.		Referred in 1933.	Total.
Malnutrition (including Debility, Underweight, etc.) ...	121	...	128	249
Ringworm of Body ...	—	...	1	1
Ringworm of Scalp ...	1	...	—	1
Impetigo ...	7	...	1	8
Scabies ...	1	...	—	1
Other Skin Diseases...	9	...	8	17
Blepharitis ...	37	...	23	60
Conjunctivitis ...	3	...	3	6
Keratitis ...	2	...	1	3
Other Eye Diseases ...	11	...	3	14
Defective Hearing ...	12	...	5	17
Otitis Media ...	23	...	15	38
Other Ear Diseases ...	7	...	6	13
Nose and Throat—other ...	19	...	10	29
Defective Speech ...	2	...	5	7
Enlarged Glands (Non 'Tb.) ...	45	...	44	89
Heart—Functional ...	10	...	6	16
Heart—Organic ...	2	...	4	6
Anæmia ...	49	...	34	83
Bronchitis ...	33	...	14	47
Lungs, other (Non 'Tb.) ...	26	...	19	45
Epilepsy ...	8	...	2	10
Chorea ...	2	...	2	4
Nervous—other ...	5	...	8	13
Rickets ...	10	...	5	15
Spinal Curvature ...	5	...	2	7
Other Deformities ...	16	...	8	24
Other Defects and Diseases ...	95	...	77	172
Total ...	561		434	995

### DENTAL TREATMENT.

For the purpose of routine visits to the Schools, the six travelling clinics remain in use, five being horse-drawn and the other a trailer van. All children in attendance on the occasion of the visit of the Dental Surgeons



are inspected, and where found necessary, treatment offered. The arrangements with regard to the fee of 1/- remain as set out in the 1932 Report. While there are no fixed Clinics, the practice of arranging for cases to be dealt with at the Schools or the Central Office on Saturday mornings continues, and once again there is an increase in the number of such cases dealt with. Unfortunately, however, quite a number of these special cases are children who have previously refused treatment at the routine visit of the Dental Surgeon. Acceptance is withheld until the child suffers from severe toothache, and then the parent is often annoyed if arrangements are not available for immediate relief. It is hoped that in these instances the Dental Surgeons will not be met with refusals on the next visits. No arrangements are in existence for the administration of a general anæsthetic under the Committee's Scheme apart from those cases in which a prolonged anæsthetic with retention overnight is indicated. 10 such cases were dealt with at the Norwich Hospitals during the year under review. On occasion, treatment has been given by the School Dental Surgeon, the parent arranging privately for his own medical practitioner to administer a general anæsthetic.

Full particulars as to the extent of the work carried out are given in Table IV., Group IV., page 53.

30,955 children were inspected at routine visits to the Schools, a further 138 being seen as specials. Thus slightly under 80 per cent. of the average number of children in attendance at the schools were dealt with. While the percentage of children found to require treatment was 63·89 as against 62·67 during 1932, it is gratifying to show an increase, even if small, in the percentage of cases receiving treatment, *e.g.*, 50·30 as compared with 49·77 for 1932. Bearing in mind that in a few schools 100 per cent. consent to treatment is obtained, it will be seen that there is room for great improvement in many schools. The Committee's Dental Scheme will compare favourably with many in more industrial parts of the country, and it is hoped that parents will shortly realise the opportunity awaiting them of having their children's teeth dealt with by qualified Dental Surgeons.

The members of the Dental Staff take every opportunity of bringing dental hygiene to the fore by means of talks to the children. In one area, the Dental Surgeon commenced, during the latter part of the year, to invite parents of children in respect of whom consent had not been forthcoming to meet him, and by means of a short lecture he has found it possible to secure a substantial increase in the number of acceptances.

One member of the staff stresses the good work being done by certain teachers in inculcating principals of cleanliness amongst the scholars. It has been found that the time given by teachers in allotting daily or weekly marks for clean teeth has proved very beneficial.

Extracts from reports of two members of the Staff are given :—

**Mr. P. Millican, L.D.S.**

“The benefits of school dentistry are generally recognised by the teachers, whose kindly co-operation is of the greatest value to the dentist. They should be reminded, however, that for a school dental scheme to attain success, the care of the teeth in the intervals between the dentist's visits is of the utmost importance, and that the percentage of refusals in a school of good general tone is comparatively low.

To be expected to repair teeth in a mouth which will afterwards be neglected is naturally disheartening to a dentist.

Those teachers whose hygiene lessons include Red Cross methods, and who encourage the purchase and use of tooth-brushes, are to be commended; while the Boy Scout and Girl Guide movements are undoubtedly a great help to the work of the school dentist.

It is noteworthy that cases of persistent refusal in elementary schools almost invariably become acceptances on entering a secondary school.

The large number of cases observed seem to prove that, *inter alia*, the diseases of childhood prevent the perfect calcification of the developing teeth—a condition which results in the early appearance of caries.

No cases of outstanding interest have appeared in the past year, and the routine work of inspection, treatment, and the removal of the trailer-surgery from school to school has been effected without any occurrence requiring special report."

#### **Mr. J. Nixon, L.D.S.**

"The condition of the children generally shows a satisfactory improvement, cases requiring extensive treatment are being reduced to a comparatively small number, the bad cases invariably being the persistent refusals.

The larger proportion of the work is carried out on the younger children, the older pupils who have had treatment on one or more occasions are found to be in a satisfactory condition, or require only minor treatment.

Regarding the refusals, there is still a large number of persistent cases who refuse year after year; these either perpetually refusing or only coming up for treatment when driven by actual pain, and invariably refuse on a subsequent visit if further treatment is considered necessary. Out of a total of 1,692 refusals this year, over 1,000 are previous refusals, mostly persistent cases. Varied reasons are given for refusing necessary treatment, but the chief cause is undoubtedly that the final decision rests with the child.

There is still a strong feeling against conservative work, but there is a certain improvement in this direction, the actual reason for the prejudice seemingly lies in the dread of the supposed pain incurred by the operation.

The co-operation of the Teachers is the greatest asset to successful results, and the amount of work accomplished depends to a very high degree on the keenness and influence of the Head Teacher.

No outstanding cases of interest have been presented during the period under observation, although the usual cases of hypoplasia and irregularity come forward; these abnormalities, varying in degree, are given the most suitable treatment for each individual case.



As regards the cases of irregularity, these are treated by judicious extraction in available cases, where actual regulation methods are out of the question owing to the financial position of the parents or other unavoidable circumstances. In cases where the position of the parents is such as to enable regulating by fixed appliances, the parent is interviewed, the position explained, and the advice of a private surgeon recommended."

## INFECTIOUS DISEASES.

The recommendations in the joint Memorandum of the Ministry of Health and Board of Education with regard to exclusion of children from school on account of infectious disease, are followed.

A heavy epidemic of influenzal coughs and colds, prevalent throughout the country, was experienced in the early months of the year and necessitated somewhat drastic steps with regard to school closure. It was found advisable to close 335 departments on this account.

Diphtheria and Scarlet Fever were not so prevalent, but in the case of the former disease, an outbreak occurred in an area served by a Central School, and control became rather difficult. Apart from during the influenzal epidemic, by far the majority of the Schools have been closed by the School Medical Officer on the advice of the District Medical Officer of Health. In only one of the thirty-two sanitary districts has any School been closed by the Sanitary Authority, acting on the advice of their District Medical Officer of Health, at all events since the issue in 1925 of the Joint Memorandum of the Ministry of Health and Board of Education on the subject. As has been mentioned in previous Reports, isolation hospital accommodation is practically non-existent in most parts of the county, but the County Council is now considering the erection of a Central Hospital for infectious diseases.

An endeavour has been made, with considerable success, to obtain the co-operation of local Sunday School Authorities wherever closure of the Elementary School has been effected. Unless such co-operation is forthcoming, the action taken is completely nullified.

### School Closures during 1933.

Under Article 45 (B) on advice of School Medical Officer	...	...	...	342
Under Article 57 by Local Sanitary Authority				2
				<hr/>
Total	...	...	...	344
				<hr/>

The diseases responsible for closures, together with the number of school days lost through such action, were:—

Disease.	No. of Closures.		No. of School days lost.
Diphtheria	4	...	30
Influenza, coughs and colds	335	...	2145
Measles	2	...	14
Whooping cough	1	...	7½
Scarlet Fever	2	...	12
	<hr/>		<hr/>
Total	344	...	2208½
	<hr/>		<hr/>

## Exclusions.

14,626 children were temporarily excluded or re-excluded under Article 53 (B) on account of the undermentioned infectious diseases :—

Chicken Pox	...	1613	Mumps	...	678
Coughs and Colds	...	4742	Scarlet Fever	...	380
Diphtheria	...	120	Sore Throats	...	222
Influenza	...	5184	Typhoid Fever	...	11
Measles—German	...	98	Whooping Cough	...	1259
Measles—English	...	314	Polioomyelitis	...	5

28 complete classes were also excluded under this Article during the year.

## Rule 23 of Schedule IV. of the Code—Paragraph 2 (a).

346 Certificates in respect of 210 departments were issued by the School Medical Officer in cases where the attendance of a school fell below 60 per cent., and was reasonably attributable to the prevalence of epidemic disease in the district. The diseases responsible were :—

Chicken Pox	...	9	Measles	...	8
Coughs, Colds, etc.	...	8	Scarlet Fever	...	2
Diphtheria	...	14	Whooping Cough	...	59
Influenza	...	236	Mumps	...	8
Diphtheria and Scarlet Fever	...	2			

## OPEN-AIR EDUCATION.

The Authority has not established any open-air schools, nor are there any schools in which the rooms can easily be converted into semi open-air classrooms, but the teachers in the majority of the schools avail themselves of the fine weather for holding open-air classes.

There are no officially organised arrangements for school camps.

## ORTHOPÆDIC TREATMENT.

A change of Orthopædic Surgeon has taken place this year, Mr. M. W. Bulman, M.S., F.R.C.S., who had acted as part-time Surgeon to the County Council since the inception of the Scheme in 1927, resigned as from the end of 1932. Mr. Bulman had been desirous of relinquishing this position for some time past, but had promised to continue until a suitable successor was available. In December, 1932, Mr. H. A. Brittain, M.Ch., F.R.C.S., was appointed Assistant Surgeon in charge of orthopædic work at the Norfolk & Norwich Hospital, and in January, 1933, was appointed to a similar position at the Jenny Lind Hospital. This was a new appointment as far as the Hospitals were concerned, as hitherto there had been no Surgeon definitely appointed to take charge of this work. As soon as the appointment at the Hospitals had been made, Mr. Brittain was appointed to succeed Mr. Bulman as the County Council's part-time Surgeon.

The change has had its effect upon the number of cases examined by the Surgeon, and the treatment given at the Norwich Hospitals. The opportunity was taken of reviewing most of the old cases, which necessitated



more clinic sessions being held, with the result that the number of cases examined in 1933 was almost double that of 1932, *viz.*, 290, as compared with 163. More use has been made of the two Norwich Hospitals for in-patient treatment. As Mr. Brittain is allocated beds at the Norfolk & Norwich Hospital, arrangements were made for patients over-age for the Jenny Lind Hospital to be admitted to the former, and 16 cases were treated there. 4 children only were admitted to the Jenny Lind in 1932, but this year 29 admissions took place. Less use is now made of institutions outside the County, and whilst 17 patients were admitted in 1932, this figure was reduced to 4 in 1933. This arrangement will result in a saving to the Education Committee of approximately £750 in the financial year. At Hospital Cripple Schools such as the St. Nicholas' & St. Martin's Orthopædic Hospital, Pyrford, Surrey, and the Royal National Orthopædic Hospital, London, patients are usually retained until treatment has been completed, whereas at the Norwich Hospitals patients are discharged in plaster of paris shortly after operations have been performed, and then are re-admitted after an interval of a few weeks for further treatment.

A problem which has been causing a little anxiety is the length of the waiting lists at the Norfolk & Norwich and Jenny Lind Hospitals. On the 31st December, 30 Education cases were awaiting admission, but the figure has been higher than this. The accommodation offered does not meet the demand, and in my opinion the need can only be satisfactorily met by the County Council providing its own Institution. Patients who really should be retained in Hospital have to be discharged because sufficient accommodation is not available. The adaptation of one of the Council's Public Assistance Institutions would appear to be the most economical way of establishing such a Hospital, and it is hoped that this suggestion may, in due course, be an accomplished fact. The matter has been under consideration by the Public Assistance Sub-Committee, but a decision has been deferred until a complete survey report on all the Institutions in the County has been fully considered.

The need for the appointment of a second Nurse, mentioned in previous reports, has recently been more strongly emphasized. The number of cases on the Register continues to increase, and the desirability of more constant supervision is also called for in certain instances. The very rural character of Norfolk, and the fact that in point of area it is the fourth largest Administrative County, is also a contributing factor to the necessity for an extra Nurse. This question has been deferred until a decision as to the establishment of an Orthopædic Hospital has been reached.

#### (i.) **Ascertainment.**

104 new cases have been examined, and 86 were retained on the Register at the end of the year. Practically all these new cases were referred as a result of School Medical Inspection, and generally were suffering from only minor defects. 18 children, on reaching school age, have been transferred from the Maternity and Child Welfare Section of the Scheme.

(ii.) **Clinics held by the Orthopædic Surgeon.**

Inspection clinics have been held as shown below :—

Centre.	No. of Clinic Sessions.	Cases examined.			TOTAL.
		New	Re-examina- tions.	Approval of Apparatus.	
Jenny Lind Hos- pital, Norwich	30	51	142	29	222
Norfolk & Nor- wich Hospital, Norwich ...	1	1	7	—	8
Infant Welfare Centre, King's Lynn ... ..	9	13	46	1	60
TOTAL ...	40	65	195	30	290

The total number of examinations, including children under school age, tuberculous patients and Public Assistance cases, was 466, as compared with 271 in 1932.

(iii.) **Institutional Treatment.**

The in-patient treatment provided at General Hospitals and Certified Hospital Schools is shown in the following table, the number of cases awaiting admission being also indicated :—

Institution.	Receiving treatment 1.1.33.	Admitted during year.	Discharged during year.	Receiving treatment 31.12.33.	Awaiting admission 31.12.33.
Jenny Lind Hospital, Norwich ... ..	1	29	27	3	10
Norfolk & Norwich Hospi- tal, Norwich ... ..	—	17	16	1	20
St. Nicholas' and St. Martin's Orthopædic Hospital, Pyrford, Surrey	7	2	7	2	—
Royal National Orthopædic Hospital, London ...	3	1	3	1	—
Heatherwood Hospital, Ascot, Berkshire ...	—	1	1	—	—
TOTALS ... ..	11	50	54	7	30

A complete analysis of the defects treated is given in the following tables :—



<i>Case No.</i>	<i>Diagnosis or Deformity.</i>	<i>No. of Cases Treated.</i>	<i>Treatment.</i>	<i>Result of Treatment.</i>
<b>Jenny Lind Hospital, Norwich.</b>				
<b>Infantile paralysis:—</b>				
1	Right lower limb ...	4	Steindler and tendon transplant ...	Foot in good position. Wearing special boot to correct shortening of leg. Able to leave off iron.
2	Right lower limb ...		Steindler and tendon transplant ...	Good result. Wearing ordinary boots, and able to walk without leg instrument.
3	Left lower limb ...		Steindler's operation performed ...	Very good result. Able to leave off leg instrument.
4	Left lower limb ...		Elongation of tendo achillis and tendon transplant	Good result. To wear special boot, but able to dispense with leg instrument.
<b>Spastic paralysis:—</b>				
5	Right hemiplegia ...	5	Lower limb—Elongation of tendo achillis	Good result. Walking without iron. To wear special boot.
6	Right hemiplegia ...		Lower limb—Steindler's operation Upper limb—Night plaster recommended	Good result. Wearing surgical boot, but able to dispense with iron.
7	Right hemiplegia ...		Upper limb—Tendon transplant ... Lower limb—Elongation of tendo achillis	Little improvement. Mental condition dull.

8	Left hemiplegia ...	Upper limb—Tendon transplant ... Lower limb—Elongation of tendo achillis	Use of arm much improved. Foot still in plaster.
9	Left hemiplegia ...	Lower limb—Steindler's operation performed	Good result. Walking much improved.
<b>Deformities of feet:—</b> 10			
10	Double club foot ...	Steindler's operations—also plantar fasciotomy and manipulation of right foot	Good correction of left foot. Still some deformity of right foot—to be readmitted for further treatment.
11	Double club foot and knock knees	Feet—Steindler's operations ... Knees—Osteotomy of femora. Left over-corrected and re-osteotomised	Very good result. Wearing boots with heels wedged. Able to leave off irons worn for past 3 years.
12	Right club foot ...	Elongation of tendo achillis, post. capsulotomy of ankle joint, and open correction of adduction at sub-astragaloid joint	Very good result. Wearing special boot, but able to walk without leg iron, which she had been wearing since 1930.
13	Left club foot ...	Elongation of tendo achillis, and Steindler's operation	Still in plaster. To return to Hospital for further treatment.
14 and 15	{ Right:—Equino cavus Left:—Cavus	Right—Elongation of tendo achillis, and Steindler Left—Steindler	Deformity corrected. Wearing ordinary boots in each case.
16	Spastic equino cavus (both feet)	Steindler's operation ...	Walking better. To be readmitted for elongation of tendo achilles.

<i>Case No.</i>	<i>Diagnosis or Deformity.</i>	<i>No. of Cases Treated.</i>	<i>Treatment.</i>	<i>Result of Treatment.</i>
17	Spastic equino cavo varus of left foot	...	Steindler performed	... Still in plaster. To return to Hospital for further treatment.
18	Equino valgus of right foot, & knock knees	...	Elongation of tendo achillis	... Good result. Wearing boots with wedges and stiffeners, but now dispenses with leg instruments.
19	Double pes cavus	...	Steindler's operation (both feet)	... Much improved.
<b>Other defects and deformities:—</b>				
20	Knock knees	...	Osteotomy of femora	... Good result. Able to dispense with leg irons. Wearing boots with internal wedges and stiffeners.
21	Knock knees	...	Osteotomy of femora	... Still in plaster. To return to Hospital for removal.
22	Bow legs	...	Osteotomy of tibiae	... Still in plaster. To return to Hospital for removal
23	Hammer toes	...	Arthrodesis of interphalangeal joints	Good result.
24	Perthe's disease—right hip	...	Extension	... No pain. Still walks with limp.
25	Limp left leg—pain in hip	...	X-ray and plaster	... Movements good and painless. Wore caliper for 5 months after discharge—now discarded.



26	Erb's birth palsy ...	Capsulotomy of humerus ...	Improved.
27	Peroneal muscular atrophy, with short tendo achilles	Elongation of both tendo achilles	Still in plaster. To return to Hospital for further treatment.
<p style="text-align: center;"><b>Norfolk &amp; Norwich Hospital, Norwich.</b></p>			
<p style="text-align: center;"><b>Infantile paralysis :—</b> 5</p>			
28	Right lower limb ...	Steindler's operation ...	Improved. To be readmitted for further operation.
29	Right lower limb ...	Steindler's operation ...	Cavus deformity of foot corrected. To return to Hospital for further operation.
30	Right lower limb ...	Steindler's operation and elongation of tendo achillis	Good result. Wearing special boot, but able to dispense with leg iron.
31	Left lower limb ...	Steindler's operation, tendon transplant and elongation of tendo achillis	Good result. Wearing special boot.
32	Left lower limb ...	Steindler's operation ...	Foot in plaster. To return to Hospital for removal.
<p style="text-align: center;"><b>Spastic paralysis :—</b> 2</p>			
33	Paraplegia ...	Osteotomy of necks of first metatarsals	Considerable improvement. To have arthrodesis of both feet.
34	Diplegia ...	Dunn's arthrodesis of both feet ...	Still in plaster. To return to Hospital for removal.

<i>Case No.</i>	<i>Diagnosis or Deformity.</i>	<i>No. of Cases Treated.</i>	<i>Treatment.</i>	<i>Result of Treatment.</i>
<b>Deformities of feet:—</b>				
35	Right club foot ...	3	Steindler, and elongation of tendo achillis	Good result. Wearing special boot, but able to dispense with leg instrument worn for last 8 years.
36	Double pes cavus ...		Hallux flexus operation ...	Good result.
37	Equino cavus of right foot		Steindler's operation ...	Position of foot much improved.
<b>Other defects and deformities:—</b>				
38	Scoliosis ...	6	Plaster cast taken for celluloid jacket	Jacket supplied.
39) and } 40)	Hammer toes ...		Arthrodesis of interphalangeal joints	Deformity corrected in each case.
41	Perthe's disease—left hip		Put in plaster ...	Hip improved. Some stiffness of knee joint remains.
42	Disease of left hip ...		Sub-trochanteric osteotomy ...	Improved. To wear special boot.
43	Old fracture of left elbow		Head of radius removed...	Improved.

Infantile paralysis :—		1
44	From waist downwards	Reduction of spinal deformity by traction Little change. Hospital stated that at least 10 years' treatment was required. Sent to Dr. Barnardo's Hospital Home, Harrogate.
Spastic paralysis :—		2
45	Left hemiplegia ...	Elongation of tendo achillis—Walking exercises and muscle re-education Condition improved. Tendo achillis still a little short. Wearing special boot.
46	Paraplegia ...	Elongation of both tendo achilles, massage, and walking exercises Not much improvement. Still deformity of right foot. Recommended for further treatment.
Spinal deformities :—		3
47	Scoliosis ...	Remedial and postural exercises ... Very much improved.
48	Scoliosis ...	Plaster jackets and exercises ... Much improved.
49	Kypho lordosis ...	Remedial and postural exercises ... Much improved.
Other defects and deformities :—		1
50	Arthritis of elbows and knee joints ...	General treatment, extension and mobilisation of left knee under anæsthetic Elbows and right knee much improved. Some flexion deformity of left knee.



<i>Case No.</i>	<i>Diagnosis or Deformity.</i>	<i>No. of Cases Treated.</i>	<i>Treatment.</i>	<i>Result of Treatment.</i>
<b>Royal National Orthopædic Hospital, London, and Brockley Hill, Stanmore, Middlesex.</b>				
51	Infantile paralysis ...	1	Splinting, massage and electrical treatment	Considerable degree of recovery. Caliper supplied for lower limb, but no splint necessary for arm.
52	Talipes equino varus	1	Wedge tarsectomy of both feet, manipulation and splinting	Feet improved. Wearing special boots and leg instruments. Use of hands very limited. To have further treatment in four years.
53	Congenital dislocation of hip ...	1	Removal of plaster ...	Hip in position. To wear patten, and sleep in plaster shell.
<b>Heatherwood Hospital, Ascot, Berkshire.</b>				
54	Scoliosis ...	1	Alterations to celluloid jacket ...	Splint satisfactory.

It is most gratifying to be able to record such good results which have been the outcome of hospital treatment, especially that at the Norwich Hospitals. The wearing of cumbersome and unsightly leg irons is a constant reminder to a child of his disability, and is submitted to very unwillingly by the unfortunate patient. Consequently, when operative treatment can be given which will make it possible for such apparatus to be dispensed with, it is felt that one of the chief aims has been realised. Of the 43 patients admitted to the Jenny Lind and Norfolk & Norwich Hospitals, one of the results of treatment in 12 instances has been that leg instruments are now no longer necessary, where previously they had been worn for periods up to 8 years.

It will be noticed that no patients on discharge from Hospital have been marked as "cured." It will be appreciated that in old-standing cases of paralysis there is very little recovery of power in the affected muscles, and thus there will always be deformity in the matter of lack of development. Therefore, if a "cure" is regarded as a return to a state of normality, it is not frequently met with. In other deformities there is the possibility of relapse, and although a cure may be apparent on discharge from Hospital, it is always advisable for supervision to be continued, and it is only when such supervision is unnecessary and the cure a certainty, that the patient is labelled as such.

In three instances only can it be said that hospital treatment has failed to improve the condition, and in two of these further institutional treatment will be given during 1934.

#### (iv.) Supply of Surgical Apparatus.

Most of the surgical boots and appliances are now obtained from a London firm, and it has been found that generally their goods are more satisfactory and up-to-date than can be obtained locally, besides being cheaper. Orders for certain work and types of apparatus are also placed with the Derwen Cripples' Training College, Oswestry, Shropshire.

88 vouchers for the supply, alteration and repair of special boots, leg instruments, spinal supports and other splints have been issued.

At the end of the year apparatus was being worn by the undermentioned number of children :—

Surgical boots	...	...	...	...	34
Ordinary boots, wedged, or otherwise altered					42
Surgical boots and leg instruments	...			...	39
Spinal supports	...	...	...	...	13
Artificial limbs	...	...	...	...	5
Abdominal belts	...	...	...	...	1
Crutches	...	...	...	...	4
Shin guard	...	...	...	...	1
					<hr/>
					139
					<hr/>

#### (v.) Supply of Special Furniture.

There are 12 children attending Public Elementary Schools who have been provided with special chairs and tables. Most of these are wearing apparatus which makes it exceedingly awkward and uncomfortable for them to use the ordinary school furniture, and the rest have spinal deformities which call for special attention to posture whilst at school.

(vi.) **Services of Orthopædic Nurse.**

The Nurse, who has to visit cases in all parts of the County, and consequently spends a great proportion of her working hours in travelling, paid 919 visits to children at home and school. A total number of 1,727 visits were made to all patients coming under the Scheme.

It will be appreciated that most of the Nurse's visits are of a supervisory and inspection nature only, when the number of cases on the Register is considered. There is little opportunity for treatment such as massage, and the adequate demonstration and frequent supervision of remedial exercises.

(vii.) **Cases on Register.**

At the end of the year there were 495 Education cases on the current register :—

Flat feet and valgus ankles	...	...	93
Claw feet	...	...	17
Hammer toes	...	...	7
Hallux valgus	...	...	2
Knock knees	...	...	30
Bow legs	...	...	5
Congenital deformities :—			
Hip	...	...	21
Spine	...	...	3
Feet	...	...	49
Neck	...	...	13
Arm	...	...	3
Hand	...	...	2
Legs	...	...	2
Toes	...	...	1
Spastic paralysis	...	...	45
Infantile paralysis	...	...	60
Muscular dystrophy	...	...	9
Erb's paralysis	...	...	3
Ischæmic palsy	...	...	1
Spinal deformities (not congenital)	...	...	36
Hip diseases (ditto)	...	...	14
Wry neck (ditto)	...	...	21
Chest deformities	...	...	3
Old rickets	...	...	4
Round shoulders	...	...	5
Spina bifida	...	...	2
Osteomyelitis	...	...	7
Amputations	...	...	6
Old injuries	...	...	10
Miscellaneous	...	...	21
			495

309 of the 495 cases have been examined at least once by the Orthopædic Surgeon, and 117 have received institutional treatment under the Scheme.



The numbers on the register at the end of previous years are as follows :—

1932	...	...	449
1931	...	...	417
1930	...	...	386
1929	...	...	324
1928	...	...	273

(viii.) **Cases discontinued.**

82 children on the register have been crossed off during the year for the undermentioned reasons :—

Cured	...	...	...	...	17
Further treatment not needed or not advised	...				44
Left school—no further treatment advised	...				8
Removed from County	...	...	...		5
Treatment refused	...	...	...		6
Private treatment	...	...	...		1
Died	...	...	...	...	1
					<hr/> 82 <hr/>

Most of the patients included under the second and third headings had only slight deformities remaining, which were such that further treatment was not necessary.

All possible steps are taken where parents refuse to consent to treatment, and no cases are crossed off as “treatment refused” until efforts to persuade parents have failed. The more serious cases are referred to the National Society for the Prevention of Cruelty to Children, and often a visit by one of their Inspectors has the desired effect.

**PHYSICAL TRAINING.**

The following is extracted from the Report of the Organiser of Physical Education, Mr. James Wilkinson :—

**GENERAL.**

The end of the year 1933 finds “Physical Education in Norfolk County Schools” continuing its advance. The long periods of exceptionally fine weather aided the out-door lesson training.

The teachers have included a wider range of activities, which have been selected and taught progressively through the Physical Education Scheme. The Board’s Syllabus, 1919, Rural School Book, 1924, Supplement for Older Girls, and parts of the Reference Book for Boys, 1927, have all been in use in the scheme of work, suiting the various Schools. It is interesting to mention that already 350 copies of the New Syllabus, 1933, issued by the Board, September, 1933, have been purchased by County teachers. The teachers are familiar with the work, and it is suggested that the change over be gradually applied from the present syllabus to the new book. In the last term of 1933, ten Lecture Demonstrations were given to groups of teachers at various Centres in the County, arranged on a voluntary basis by District Associations. 408 teachers attended these classes of demonstration. Practical teaching and demonstrations will continue at a steady rate, and by the end of next term classes in the Schools will be working on the new book.

The value of Refresher Courses and Lecture Demonstrations cannot be overestimated. In areas where the Classes have been held the work is a vital and living thing. Success and value of the work depends upon the teacher, the graded syllabus of training, forming a basis for the work, has been applied at the Classes, and leaflets have been issued on the various branches of the work from time to time.

It is of immense importance that the teacher should have taken part in the stimulating physical training class, as an actual member. This training gives the teacher the "correct feeling" for the work. The kind of effort that is demanded for a correct performance, responding quickly to the unexpected, and knowing how success, or the lack of it, is felt from the class point of view.

#### PHYSICAL EXERCISES.

The daily lesson is recognised in all school time-tables; in many cases it has been observed that three periods a week are actually devoted to the teaching of the physical exercises as set out by the Board's scheme of work, and the other two periods used for organised games, swimming and dancing. Detailed arrangements vary at different Schools, and nothing has been allowed to interfere with the main principle of the daily period of exercise.

Whenever weather conditions are unsuitable for the daily lesson out-of-doors, the programme is changed for the indoor lesson plan. When this occurs all possible means of ventilation are utilised so as to ensure a good supply of fresh air.

The additional supply of new furniture this year has aided the work for indoor lessons. Several demonstrations have been given during visits to Schools on those days when outdoor lessons have been impossible, and a variety of exercises were selected for this work, suiting the conditions. In many Schools spare classrooms have been cleared of all furniture, etc., and in some cases village halls have been acquired, by the influence of Managers, for the use of the school on wet days.

#### CENTRAL SCHOOLS.

Central Schools are not equipped with any special gymnastic apparatus, or any physical training room. Lessons suiting these conditions have been prepared, and in the scheme the following details have been carefully considered:—

1. Separate instruction for boys and girls.
2. Teachers specially suited for the work.
3. A wider field of training.
4. Development of team work.
5. Dress question.
6. District Association work.

#### Time Tables.

##### SCHEME A.

- |   |   |
|---|---|
| 3 | 30-minute lessons a week for Physical Training.   |
| 1 | 60-minute lesson for organised games and dancing. |

##### SCHEME B.

- |   |   |
|---|---|
| 3 | 20-minute lessons a week for Physical Training. |
| 1 | 20-minute lesson for dancing.                   |
| 1 | 60-minute lesson for organised games.           |



Under the present conditions it is found that Scheme B. offers better timing arrangements, and provides for the daily lesson.

#### **Melton Constable Selective Central School.**

Most of the training at this School has been carried out on the playing field attached to the School. The small dining-hall is used for the girls on wet days. The Annual District Sports Day was again held this year.

#### **Terrington St. Clement Central School.**

There is no physical training room, and when indoor lessons are taken, a modified lesson consisting mainly of free standing exercises has to be given in the class-room. A playing field of about one acre is provided for games.

#### **Dereham Central Schools.**

Gravel playgrounds are used chiefly at these two Schools. On wet days the dining-hall is utilised for the physical training lesson.

#### **Wells Central School.**

The dining-hall is used for indoor training. A small field, about one acre, is used when the weather is fine. A District Sports Day was held, when 12 Schools in the area took part.

#### **Watton Central School.**

The accommodation consists of hard-surface playgrounds, the dining-hall for wet days, but up to the present no playing field has been provided for organised games.

#### **TEACHERS' DISTRICT ASSOCIATION CLASSES.**

Owing to the economy wave the usual teachers' courses of instruction, arranged by the Committee, were withdrawn.

At the keen desire of Head Teachers for these classes to continue, co-operation with District Associations was arranged, on a voluntary basis, in an effort to maintain progress.

Nothing but good has resulted from this measure, and six Centres have held Lecture Demonstration Classes in the evenings, at the teachers' own expense.

It was observed at these classes that many teachers, including Head Teachers, who had not attended previous classes, were present to see the demonstrations by a class of pupils.

Further applications have been received for 1934, and voluntary demonstrations will be organised at intervals. All this work has been done out of school time, and the extra work of preparing for the carrying out of such lessons has been worth while. It is felt that the great demand and keen desire displayed by the teachers for classes of this kind cannot be ignored, and the standard of attainment in the areas where these classes have been held shews a remarkable improvement, and is considered to be higher than the standard in the other areas.



## SCHOOLS VISITED.

Year.		Schools Visited.		Demonstration Lessons.
1931	...	398	..	1393
1932	...	437	...	1587
1933	...	437	...	1851

During these visits Demonstration Lessons were arranged, talks to the teachers conducted, and circulars passed on dealing with the various branches of the work. Weekly reports on the visits have been written and passed on to the Secretary.

## CENTRAL CLASSES.

### **Pupil Teacher Central Classes.**

The three Centres in Norwich, Melton Constable and Dereham have been visited each month during the year (12 lessons of 2 hours each).

### **East Dereham.**

The facilities provided remain inadequate for the needs of this Centre. Co-operation with the Central School is being considered by the Committee.

The Instructress has introduced voluntary visits to the new town swimming bath, and a system of badges has been instituted to encourage this good work.

### **Melton Constable.**

Co-operation with the Central School has been maintained, and continued progress is the result. The shield presented last year by Miss Hirst, the Instructress at this Centre, is competed for in the team work training.

### **Norwich.**

In co-operation with the Norfolk Teachers' Gymnastic Association further progress has been possible in the organisation of team games. Matches have been played on Saturdays. This Centre has given three demonstration lessons for the purpose of the teachers in the Norwich area. The Ailwyn Hall was hired for this purpose, and no expense was incurred by the Committee.

## ORGANISED GAMES.

### **Playing Fields, Recreation Grounds, School Playgrounds.**

During the year, 437 Schools were visited, and of these 124 had the use of a suitable playing field. Playing field accommodation shews an increase of 52 fields for the year. The Playing Fields Association have helped in the provision of 24 fields. Schools with playing fields arrange one games lesson a week for all the School. In the programme the aim has been to get a good standard of play as well as to cover the suggested scheme of work. Teachers have been urged to draw up a programme for each term's work. Demonstration lessons have been conducted on visits to the Schools. The teaching shews steady progress, and with a supply of additional apparatus this year a wider range of activity has been introduced.

Organised games periods should provide opportunities for **all the classes** in the School, both boys and girls. Playing field plans, in many cases, have been drawn up, and large pitches have been replanned to give several smaller pitches on which large numbers play, and where the preliminary team games and practices are introduced.

Nothing should be placed before the interest of the School as a whole, not even the School team. Boys and girls should be given equal access to all facilities.

#### NORFOLK COUNTY SCHOOLS' ATHLETIC ASSOCIATION.

The above Association was formed this year. Owing to the success of 12 District Associations a meeting was arranged for representatives of these areas, in Norwich, to discuss the formation of a County Association, which could hold an inter-district Sports Meeting, and in which the District Associations could give mutual help and advice.

It was unanimously decided to form a County Schools Athletic Association, with the following aims:—

1. The advancement of athletics suited to school children in the Schools of the Norfolk Education Committee.
2. To give boys and girls of all Schools a chance to compete in suitable organised athletics.
3. Healthy emulation and rivalry between Districts.
4. Improve general physique.
5. Develop the team spirit. Children will compete, not for prizes, but for the honour of the School and District they represent.

#### District Association Work.

These local organisations have proved exceedingly valuable in creating interest and gaining the respect and appreciation of the public. They have proved of great benefit not only to large Schools, but also to smaller Schools in the County. The various competitions bring the scholars of different types of Schools into closer contact with each other, and encourage a broader outlook, a most important matter in such a scattered rural area as Norfolk.

In 1933 no fewer than 5,000 children and 250 teachers took part in the work. There are now 19 Areas, covering the whole of the County.

#### NORFOLK TEACHERS' GYMNASTIC ASSOCIATION.

This Association is now three years old. During the year 1933 classes have been arranged, and organised programmes have been carried out to cover the various branches of the work. As in previous years, members assisted in giving a display at Melton Constable District Sports, and also at a Garden Fête held at Sprowston. Friendly games have been arranged with the Pupil Teachers' Centres at Norwich and Melton Constable. The full membership of the Association is now 80.



## NORWICH AND NORFOLK MUSICAL COMPETITION FESTIVAL.

An increased number of Schools entered teams for the dancing section this year. Chief comment—the dancing was very musical, and very few teams danced mechanically. Teams gaining 80 points and over reached certificate standard. Certificates won, 51, Teams entered, 70.

### **The teaching of School Dancing.**

It is of the utmost importance that all the children should take part in this training. A greater number of Schools use gramophones, where the playground can be used, and a lesson taken in the fresh air for large numbers of children.

### EVENING INSTITUTES.

The teaching of Physical Training has been included in the programme for Evening Schools. This year classes have been held at the following Centres:—Thetford, Dereham and Terrington.

#### **Thetford.**

This class is held at the Grammar School Gymnasium. Full apparatus is used.

#### **Dereham.**

The class is held at the Central School. No apparatus available.

#### **Terrington.**

The class is held at the Central School. No apparatus available.

These classes are very popular. The facilities provided at the Central Schools are not so good as those at the Secondary Schools, where fully equipped gymnasia are available.

The gymnasia at the Swaffham, Fakenham and Downham Secondary Schools are not in use this year for Evening School work.

This branch of training deserves special attention. The numbers in the classes are always good, and they supply a means of bringing together the young men and women as members of a society which, when rightly trained, contribute substantially to the physical well-being of the community.

### EQUIPMENT.

Certain equipment is actually and definitely required to carry out the physical training lesson as distinct from games. In a great number of schools this has been purchased through the Committee's Requisition list. This list contains simple apparatus needed to suit large classes, and it has been added to by many class teachers, who have collected their own simple forms of gear and kept it in a class bag. The games-box is widely recognised where the supply of apparatus has definitely catered for games training to include all the School.

### HARD-SURFACE PLAYGROUNDS.

The disadvantage of wearing unsuitable foot-wear is gradually being overcome. A larger number of Schools have adopted the recognised rubber shoes. In many cases funds have been raised by School



concerts for the purchase of these slippers. Where these principles have been adopted, the special shoes have considerably reduced the danger of accidents, and they are responsible for much progress in the teaching of Physical Education. Where nail shoes are still used on the hard surfaces, the following suggestions have been made during visits to Schools :—

1. Movement up the slope.
2. Pulling up at a line before reaching a wall.
3. Mark playgrounds with team circles, large circles and lines for the purpose of class formation.
4. Skipping and walking to replace running fast.
5. In the teaching of group practices, programmes specially suiting conditions have been applied to replace games that involve much running about for large numbers.

#### DANCING AND SWIMMING.

(a) Lessons in this branch of the training have been planned to include all the children in the class. Preparatory steps of simple dances form part of the programme. This arrangement has produced correctness of steps, running, walking, skipping and hopping, and has proved more suitable than set dances, with figures and complicated steps.

(b) Private baths are available at the following centres:—Wymondham, Dereham, Thetford, Hunstanton, Blakeney and North Walsham.

Lessons in swimming have been conducted at these Centres, and good progress has been made. The teaching is done chiefly out of school time.

The Schools near Norwich are able to conduct visits to the Norwich Baths. Some attempt has been made to introduce systematic instruction. The ability to swim should be as much a part of a child's education as the ability to write and read.

#### CONCLUSION.

Systematic exercises, based on sound principles, together with keen interest and the liking for healthy training in the open-air, are appreciated, and in observations during the year a better physique in the scholars has been seen, especially in those Schools where regular lessons have been conducted in the open-air.

#### PROVISION OF MEALS.

The Authority has no arrangements for the provision of meals under Section 82-84 of the Education Act, 1921.

The voluntary work mentioned in previous Reports continues, and the following information furnished by the Secretary for Education shows the position when the last investigations were made in 1930 :—

Horlick's Malted Milk was supplied at	...	69	Schools
Cocoa at	... ..	212	„
Milk at	... ..	9	„
Ovaltine, Coffee, Bovril, etc., at	... ..	6	„

In a few cases where cocoa was provided Bovril or soup was also available.

In most cases hot drinks were supplied during winter only, to "dinner" children.

The morning or mid-day drinks (cocoa, Horlicks, Cow and Gate or fresh milk) or in a few cases mid-day meals (soup and a few cooked meals) are dependent upon the goodwill of the staff. These arrangements are much appreciated by parents who live 2 or 3 miles from the nearest School.

This work is carried out at Public Elementary Schools, with the voluntary assistance of the teachers and local persons. The cost of the meals is small, and in all but extreme cases the children make a contribution. The Committee provides certain of the utensils.

It is not considered that there has been any serious variation since that date.

No recent records are available, and it has been suggested that any request for such might prejudice interest in these private local ventures. This is unfortunate, as it is only by comparison with the efforts of others that the necessary stimulus towards still greater achievement is attained.

There is no doubt, however, that this work has had a beneficial effect upon the general health of the present day-school child.

#### **CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.**

The information given on page 8 as to the attendance of parents at the time of medical inspection, shows that, on the whole, parents appreciate the facilities available. The full co-operation of the teachers, without which much of the value of the service would be nullified, has again been forthcoming. It has already been mentioned that the School Nurses also act as Attendance Officers, and, in addition, close contact is maintained with the School Attendance Department.

Practically every School in the area has its Care Committee, and the voluntary work thus given is of a practical nature in following up cases recommended for treatment. In instances where the efforts of the Care Committee and those of members of the service have failed to produce acceptance, and the provision of treatment has been considered a matter of urgency, the assistance of the Inspectors of the National Society for the Prevention of Cruelty to Children has been enlisted.

29 cases were referred to the Society during the year under review, 21 on account of general neglect on the part of the parents, and 8 for failure to provide treatment. One case of neglect resulted in prosecution of the parents, with a conviction being obtained. With one exception, the efforts of the Inspectors in the cases needing treatment were successful, and the necessary measures taken.

#### **BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

Ascertainment continues on the lines mentioned in previous Reports.

So far as Blind and Deaf children are concerned, accommodation is available at the East Anglian School, Gorleston, at which Institution 45 beds are available for children from this area.



The Committee has no provision for educable mentally defective (feeble-minded) children, and with the exception of those cases in which presence is detrimental to other children, such children, as a rule, remain at the Elementary Schools.

During the year, 18 children were notified to the Mental Deficiency Acts Committee, 2 being feeble-minded (low grade), 13 imbeciles, and 3 Idiots. One child was also Blind within the meaning of the Act, the approval of the Board being obtained prior to notification. As far as accommodation permits, such cases are admitted into the Council's Mental Deficiency Institution at Little Plumstead Hall.

Two cases of Epilepsy were receiving treatment at the end of the year at Lingfield Special School.

Higher Education is afforded to Blind Persons, and the position during the year was as follows:—

No. in Training Institution. 1.1.33.		Admitted 1933.		Discharged 1933.		Remaining 31.12.33.
7	...	5	...	1	...	11

The one case discharged was in training at the Leatherhead Blind Institution, from which Institution he absconded, his present whereabouts being unknown. All the other cases received treatment at the Norwich Institution for the Blind. On discharge, after-care is provided by the Blind Persons Act Sub-Committee of the County Council.

## NURSERY SCHOOLS.

There are no Nursery Schools in the County.

## EXCLUSION OF CHILDREN.

(Other than for Infectious Diseases.)

1, 334 children were excluded, or re-excluded, during 1933, as follows:—

### Contagious Affections:—

Impetigo	...	...	238	Ringworm—Body	...	8
Pediculosis	...	...	338	Ringworm—of Scalp (un-		
Scabies	...	...	62	til rules are complied		
Conjunctivitis	...	...	42	with)	...	5
Ringworm—Cattle	...	...	6			

### Other Diseases (generally from Certificates issued by Family Doctor):—

Adenitis	...	...	13	Lung Affection (not		
Anæmia	...	...	12	tubercle)	...	76
Debility (General)	...	...	43	Nervous Diseases	...	10
Eczema	...	...	3	Otorrhoea	...	4
Enlarged Glands	...	...	26	Rheumatism	...	25
Epilepsy	...	...	3	Tonsillitis	...	74
Heart Disease	...	...	12	Other Affections	...	320
Jaundice	...	...	14			

132 Certificates were also issued to cover irregular attendance.



## PERMANENT EXCLUSIONS.

During the year 17 children were permanently excluded from attendance at a Public Elementary School for the following reasons:—

Mental Deficiency	...	7	Pulmonary Tuberculosis...	2	
Severe Epilepsy	...	3	Infantile Paralysis	...	1
Severe Heart Disease	...	1	Muscular Dystrophy	...	1
Severe Heart Disease, with			Peroneal Muscular Atrophy		1
Gross Deformity of					
Chest	...	...			1

## MISCELLANEOUS WORK.

393 swabbings were taken from nose and/or throat in connection with the control of infectious disease, 360 of which were with regard to diphtheria (11 proving positive), and 33 were for scarlet fever (none showing the presence of definite hæmolytic streptococci). 71 specimens of hair were examined for ringworm, 42 proving positive.

51 candidates for the teaching profession were examined and reported upon, also 9 supplementary teachers.

Scholarship candidates are not submitted to the school medical service for medical examination before admission to Secondary School. Medical Records are, however, available at the Office should any question of the scholar's physical fitness be raised.

2 Lectures to parents on health matters were given by members of the medical staff. These Lectures were given to parents, and were arranged in each case through the Women's Institute movement.

The Dental Board have provided a supply of their Leaflet, "What about your teeth?", and these have been distributed by the Dental Surgeons to children about to leave School.

The collection of contributions from parents towards the cost of treatment is carried out by the Secretary for Education, the services of the School Care Committees being utilised in this connection.

## SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

### NUMBERS.

There are 11 Secondary Schools and 3 Pupil Teacher Centres. Of the 11 Secondary Schools 6 are Provided, the remaining 5 being all aided by the Authority. No Junior Technical Schools or Continuation Schools have been established by the Committee.

## MEDICAL INSPECTION.

The arrangements continue as outlined in the Report for 1931. All the Schools receive a routine inspection each term, and every pupil receives a full medical examination during the course of the year. The terminal visits enable re-examination of defective pupils. Inspection of the Pupil Teacher Centres is made during the Autumn Term.

## FINDINGS OF MEDICAL INSPECTION.

The number of pupils found to be in need of treatment is low in comparison with those in respect of the Elementary Schools. Quite a number of the pupils have, of course, previously been in attendance at the Elementary School, and any defect calling for treatment been dealt with prior to admission to the Secondary School.

Full particulars are given in Table II., page 56. The percentage of pupils following routine inspection found to require treatment for Defective Vision was 3·04, Chronic Tonsillitis, 0·45, Adenoids, 0·15 and Chronic Tonsillitis and Adenoids, 0·26. It is interesting to compare these figures with those given on page 11, in respect of the Elementary School child. There is no defect calling for special attention.

### FOLLOWING UP.

No Care Committees have been formed in connection with the Secondary Schools or the Pupil Teacher Centres. An advice note for the parent is issued by the Assistant Medical Officer in respect of each pupil found to require treatment, and for the information of the Head Teacher or Instructress, the cases are recorded in the Medical Log Book. Valuable assistance is rendered by the Head Teachers, while the visit of the Assistant Medical Officer each term ensures that, should no steps have been taken, the matter is brought again to the notice of the parents.

### MEDICAL TREATMENT.

The Committee's Treatment Schemes, so far as Tonsil and Adenoid, or other nose and throat, aural and visual defects are concerned, are open to pupils in Secondary Schools, although, unless in exceptional circumstances, the parents are expected to pay for the cost of treatment.

The undermentioned defects have been dealt with during the period under review :—

#### (i.) Under Education Committee's Scheme.

			Refraction Work.	Operations. Tonsils and Adenoids.
(a) Vouchers Issued—				
Ophthalmic Specialist	...	17	—	—
General Practitioners	...	1	—	—
Hospitals	... ..	—	—	—
(b) By whole-time Medical Officers			54	—

In the 14 cases examined by approved Specialists, glasses were prescribed and supplied in 11 cases, and found to be unnecessary in 3 cases.

Of the 54 pupils examined by retinoscopy by the whole-time Medical Officers, glasses were prescribed in 43 cases, and supplied in 41 cases, leaving 2 cases awaiting provision of glasses. 11 of the pupils submitted to retinoscopy were found not to require spectacles.

#### (ii.) Not under Scheme.

The following table, comprised mainly from information received from Head Teachers, shows the number of cases where treatment for defects



found as a result of medical inspection, is known to have been obtained during the year :—

Defect.			Referred previous to 1933.	Referred in 1933.
Underweight	...	...	5	11
Otitis Media	...	...	—	3
Other Skin Diseases	...	...	—	1
Anæmia	...	...	—	2
Spinal Curvature	...	...	2	6
Other Deformities	...	...	1	11
Other Diseases and Defects	...	...	1	4
			—	—
			9	38
			—	—

### DENTAL TREATMENT.

The arrangements for dental treatment continue on the same lines as mentioned in my Report for 1931. 8 Secondary Schools and 2 Pupil Teacher Centres were visited during the year. 1,368 pupils were inspected, 915 being referred for treatment and 599 of these received attention.

### INFECTIOUS DISEASE.

In a few instances Head Teachers have applied for advice, but generally speaking the School Medical Officer has no knowledge as to outbreaks of infectious or contagious disease. The position, in my opinion, is unsatisfactory, especially bearing in mind the large rural areas tapped by such Schools, and the matter would be improved if, as in the case of the Elementary Schools, the School Medical Officer had definite duties in this connection.

### MISCELLANEOUS WORK.

Contributions towards cost of treatment, provided under the Committee's Scheme, are collected by the Secretary for Education. With the exception of those in respect of Dental Treatment, which are collected by the Dental Surgeon at the time of treatment, arrangements are usually made direct with the parents.

The services of the School Nurses are not utilised in connection with the Secondary Schools apart from, in a few isolated cases, the fitting of pupils for spectacle frames.



## SPECIAL INVESTIGATION INTO EFFECTS OF EXPOSURE INVOLVED THROUGH WALKING LONG DISTANCES TO SCHOOL.

During the past year I have been investigating the effect on the school children in my district, of excessive exposure due to having to cover long distances to School on foot. For this purpose all children who walk more than  $2\frac{1}{2}$  miles—entailing an exposure of  $\frac{3}{4}$ -hour or over, twice a day—have been investigated. Only those children who walk, and have done so continuously for 18 months or more, have been included.

I was rather surprised to find that in over 5,000 children seen in such a scattered district as this only 17 were found conforming to the conditions given above. Many others cover the distance, but either cycle or are otherwise transported to School. Cycling cuts down the time of exposure very considerably. Again, many others walk a long distance for a few months, and then leave for a new district when their parents find new employment.

In these 17 cases all except 2 showed evidence of disease of the fauces or respiratory organs. 14 had at some period enlarged tonsils, and 13 of these had accompanying enlarged cervical glands. All had some degree of adenoids in addition, and 5 of the 14 had to have tonsillectomy.

1 case suffered from recurrent bronchitis.

1 case suffered from severe degree of anæmia.

1 case had no obvious defect at any stage. This girl had walked  $2\frac{1}{2}$  miles twice a day for over eight years.

There was no instance of any bone or joint disease, and no evidence or history of rheumatism.

### CONCLUSION.

From this small number of cases it is rather difficult to be definite. It does seem to indicate, however, that the effect of exposure involved through walking long distances to School for any length of time, is to affect the throat and chest in such a way as to make them more than ordinarily susceptible to disease, whereas no extra strain seems to be thrown on the bone and joint mechanisms. It would seem to be advisable for long distance children to have their time of exposure cut down by cycling to School, if possible.

O. C. DOBSON.

# Medical Inspection Returns.

## ELEMENTARY SCHOOLS

TABLE I.—NUMBER OF CHILDREN INSPECTED 1st JANUARY,  
1933, to 31st DECEMBER, 1933.

### A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants	...	...	...	...	4656
Intermediates	...	...	...	...	4313
Leavers	...	...	...	...	4995
TOTAL			...	...	— 13964
Number of other Routine Inspections			...	...	459

### B.—Other Inspections.

Number of Special Inspections	...	...	...	1704
Number of Re-inspections	...	...	...	16694
TOTAL			...	— 18398
GRAND TOTAL			...	— 32821

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended  
31st December, 1933.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treat- ment.
(1) *	(2)	(3)	(4)	(5)
Malnutrition ... ..	376	273	6	2
Skin—				
Ringworm—				
Scalp ... ..	4	2	2	...
Body ... ..	1	2	3	...
Scabies ... ..	1	...	4	...
Impetigo ... ..	27	...	174	...
Other diseases (Non-Tuberculous) ...	57	43	212	5
Eye—				
Blepharitis ... ..	162	18	75	2
Conjunctivitis ... ..	9	3	10	1
Keratitis ... ..	2	...	2	1
Corneal Opacities ... ..	2	8	...	...
Defective Vision (excluding Squint) ...	345	757	36	33
Squint ... ..	102	129	18	7
Other Conditions ... ..	28	46	26	7
Ear—				
Defective Hearing ... ..	9	83	...	4
Otitis Media ... ..	29	38	38	3
Other Ear Diseases ... ..	17	15	19	9
Nose and Throat—				
*Chronic Tonsillitis only ... ..	191	921	20	30
Adenoids only ... ..	38	100	5	16
*Chronic Tonsillitis and Adenoids ...	381	582	17	11
Other Conditions ... ..	42	110	5	21
Enlarged Cervical Glands (Non-Tubercu- lous) ... ..	34	694	43	13
Defective Speech ... ..	6	87	3	7
Heart and Circulation—				
Heart Disease:				
Organic ... ..	10	43	1	...
Functional ... ..	8	43	1	4
Anæmia ... ..	49	33	4	2

\*These figures are in respect of the previous classification but in no case has operative treatment been recommended in connection with only simple hypertrophy of the tonsils.



TABLE II.—Return of Defects—(continued).

Defect or Disease.  (1)	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis ... ..	17	68	...	5
Other Non-Tuberculous Diseases ...	46	78	1	3
Tuberculosis—				
Pulmonary :				
Definite ... ..	2	10	...	...
Suspected ... ..	5	17	..	...
Non-Pulmonary :				
Glands ... ..	25	53	...	...
Bones and Joints ... ..	1	7	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	4	21	1	1
Nervous System—				
Epilepsy ... ..	1	15	..	...
Chorea ... ..	1	13	1	...
Other Conditions ... ..	7	17	...	2
Deformities—				
Rickets ... ..	5	43	...	...
Spinal Curvature ... ..	19	37	...	5
Other Forms ... ..	79	93	4	1
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ...	242	340	677	66

**B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).**

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
PRESCRIBED GROUPS:			
Entrants ... ..	4656	732	15.74
Second Age Group . ... ..	4313	720	16.69
Third Age Group ... ..	4995	619	12.39
TOTAL (Prescribed Groups) ...	13964	2071	14.83
Other Routine Inspections ... ..	459	101	22.00

# TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1933.

(No Child is entered under more than one heading.)

## CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defect:—

Blindness (NOT Partial Blindness).

Deafness (NOT Partial Deafness).

Mental Defect.

Epilepsy.

Active Tuberculosis.

Crippling (as defined in the penultimate category of the Table).

Heart Disease.

State here the number of children suffering from any combination of the above defects 8

## BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
13	...	...	...	13

## PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	...	17	...	...	17

## DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
27	1†	2	...	30

†Since admitted to Special School.

## PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
5		1	...	...	6

## MENTALLY DEFECTIVE CHILDREN.

### Feeble-minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	92	1	19	113

## EPILEPTIC CHILDREN.

### Children suffering from severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	6	..	10	18

## PHYSICALLY DEFECTIVE CHILDREN.

### A. TUBERCULOUS CHILDREN.

#### I.—Children suffering from Pulmonary Tuberculosis.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
26	4	1	18	49



## II.—Children suffering from Non-Pulmonary Tuberculosis.

(This category includes tuberculosis of all sites other than those shown in (I.) above.)

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
8	289	6	30	333

### B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	175	...	7	184

### C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
5	126	5	29	165

### D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	5	...	11	16

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1933.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding uncleanliness, for which see Group V.)

Defect or Disease.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm-Scalp. (Show separately in brackets the number which were treated by X-Rays.) ...	63 (1)	...	63
Ringworm—Body ...	35	...	35
Scabies ...	13	...	13
Impetigo ...	612	...	612
Other Skin Disease ...	308	...	308
Minor Eye Defects ... (External and other, but excluding cases falling in Group II.)	511	...	511
Minor Ear Defects ...	169	...	169
Miscellaneous ... (e.g., minor injuries, bruises, sores, chilblains, etc.)	1257	...	1257
TOTAL ...	2968	...	2968

TABLE IV.—Return of Defects—(continued).

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the Report)	810	42	...	852
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	...	...	...	...
TOTAL ... ..	810	42	...	852

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme ... ..	664
(b) Otherwise ... ..	42

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme ... ..	689
(b) Otherwise ... ..	31

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.			Received other Forms of Treatment.	Total Number Treated.
Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total.  (3)		
302	127	429	239	668
Total 302	127	429	239	668



TABLE IV.—Return of Defects—(continued).

Group IV.—Orthopædic and Postural Defects.

	Under the Authority Scheme. (1)			Otherwise. (2)			
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Total number treated.
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	13	48	10	1	...	..	68

Group V.—Dental Defects.

1. Number of Children who were

(a) Inspected by Dentists—

Routine Age Groups.

3	4	5	6	7	8	9	10	11	12	13	14	Specials	Total
37	392	1783	2835	3031	3064	3321	3497	3437	3520	3906	2132	138	31093

(b) Found to require Treatment ... 19849

(c) Actually Treated ... 9986

2. Half-days devoted to:—

Inspection	...	...	...	...	426	
Treatment	...	...	...	...	1691	
Total	...	...	...	...	—	2117

3. Attendances made by children for Treatment ... 12735

4. Fillings:—

Permanent teeth	...	...	...	...	5812	
Temporary teeth	...	...	...	...	679	
Total	...	...	...	...	—	6491

5. Extractions:—

Permanent teeth	...	...	...	...	2219	
Temporary teeth	...	...	...	...	16085	
Total	...	...	...	...	—	18304

6. Administrations of General Anæsthetics for Extractions \*10

7. Other Operations:—

Permanent teeth	...	...	...	...	16984	
Temporary teeth	...	...	...	...	7567	
Total	...	...	...	...	—	24551

\*These cases received treatment in Hospital under a prolonged general anaesthetic.

**Group VI.—Uncleanliness and Verminous Conditions.**

(i)	Average number of Visits per School made during the year by the School Nurses	...	...	...	...	6·7
(ii)	Total number of Examinations of Children in the Schools by School Nurses	...	...	...	...	178681
(iii)	Number of individual children found unclean	...	...	...	...	3389
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	Nil.
(v)	Number of cases in which legal proceedings were taken:					
	(a) Under the Education Act, 1921	...	...	...	...	Nil.
	(b) Under School Attendance Bye-laws	...	...	...	...	5

## SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

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TABLE I.—RETURN OF MEDICAL INSPECTIONS 1st JANUARY,  
1933, to 31st DECEMBER. 1933.

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### A.—Routine Medical Inspections.

Number of Routine Inspections—

Entrants	...	...	...	...	492
Yearly Examinations	..	...	...	...	1336
Leavers	...	...	...	...	110
TOTAL	...	...	...	—	1938

Number of other Routine Inspections	...	...	—
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### B.—Other Inspections.

Number of Special Inspections	...	...	...	13
Number of Re-inspections	...	...	...	847
TOTAL	...	...	—	860
GRAND TOTAL	...	...	—	2798



# SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1933.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition ... ..	1	...	...	...
Skin—				
Ringworm—				
Scalp ... ..	...	...	...	...
Body ... ..	...	...	...	...
Scabies ... ..	...	...	...	...
Impetigo ... ..	...	...	...	...
Other diseases (Non-Tuberculous) ...	5	2	...	...
Eye—				
Blepharitis ... ..	24	...	...	...
Conjunctivitis ... ..	..	...	...	...
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision (excluding Squint) ...	59	74	...	...
Squint ... ..	...	1	...	...
Other Conditions ... ..	9	4	...	...
Ear—				
Defective Hearing ... ..	2	...	...	..
Otitis Media ... ..	9	1	..	...
Other Ear Diseases ... ..	8	...	...	...
Nose and Throat—				
*Chronic Tonsillitis only ... ..	9	44	..	...
Adenoids only ... ..	3	7	...	..
*Chronic Tonsillitis and Adenoids ...	5	6	...	...
Other Conditions ... ..	2	2	..	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	5	...	...
Defective Speech ... ..	2	1	...	..
Heart and Circulation—				
Heart Disease:				
Organic ... ..	...	...	...	...
Functional ... ..	...	5	...	...
Anæmia ... ..	3	4	..	...

\*These figures are in respect of the previous classification but in no case has operative treatment been recommended in connection with only simple hypertrophy of the tonsils.

TABLE II.—Return of Defects—(continued).

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
(1)	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis ... ..	...	1	...	...
Other Non-Tuberculous Diseases ..	1	3	...	...
Tuberculosis—				
Pulmonary:				
Definite ... ..	...	...	...	...
Suspected ... ..	...	...	...	...
Non-Pulmonary:				
Glands ... ..	...	...	...	...
Other Bones and Joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	...	...	...
Nervous System—				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	...	...	...	...
Other Conditions ... ..	...	2	...	...
Deformities—				
Rickets ... ..	...	...	...	...
Spinal Curvature ... ..	15	3	...	...
Other Forms ... ..	64	14	...	1
Other Defects and Diseases ... ..	27	26	...	1

B.—Number of Individual Pupils found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group	Number of Pupils.		Percentage of Pupils found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
ROUTINE GROUPS:			
Entrants ... ..	492	74	15·04
Yearly Examinations ... ..	1336	146	10·92
Leavers ... ..	110	8	7·27
TOTAL (Routine Groups) ... ..	1938	228	11·76
Other Routine Inspections ... ..	...	...	...

## SECONDARY SCHOOLS

(Including Pupil Teacher Centres).

**TABLE IV.—RETURN OF DEFECTS TREATED DURING THE  
YEAR ENDED 31st DECEMBER, 1933.**

**Group II.—Defective Vision and Squint.**

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint but not Operations)	72	9	..	81
Other Defect or Disease of the Eyes ... ..	...	...	...	...
<b>TOTAL</b> ... ..	72	9	...	81

Total number of pupils for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... ..	54
(b) Otherwise ... ..	9

Total number of pupils who obtained or received spectacles :—

(a) Under the Authority's Scheme ... ..	56
(b) Otherwise ... ..	9

**Group III.—Treatment of Defects of Nose and Throat.**

Number of Defects.				
Received Operative Treatment.				Total. Number Treated.
Under the Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other Forms of Treatment.	
(1)	(2)	(3)	(4)	(5)
...	7	7	...	7
<b>TOTAL</b> ... ..	7	7	...	7



## SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE IV.—Return of Defects—(*continued*).

### Group IV.—Dental Defects.

1. Number of pupils who were

(a) Inspected by Dentists—

#### Routine Age Groups.

Under 12	12	13	14	15	16	over 16	Specials	Total.
92	230	325	233	206	129	150	3	1368

(b) Found to require Treatment	..	...	915
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(c) Actually Treated	...	...	599
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2. Half-days devoted to:—

Inspection	...	...	20
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Treatment	...	...	208
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Total	...	—	228
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3. Attendances made by pupils for Treatment	...	1246
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4. Fillings:—

Permanent teeth	...	...	1629
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Temporary teeth	...	...	...
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Total	...	—	1629
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5. Extractions:—

Permanent teeth	...	...	225
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Temporary teeth	...	...	88
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Total	...	—	313
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6. Administrations of General Anæsthetics for Extractions	Nil
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7. Other Operations:—

Permanent teeth	...	...	2074
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Temporary teeth	...	...	11
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Total	...	—	2085
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